



**FLORENCE FAMILY AQUATIC CENTER
2011 MEMBERSHIP REGISTRATION FORM**



FAMILY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ E-MAIL: _____

<u>FAMILY MEMBERS:</u>	<u>DOB:</u>	<u>M/F:</u>	<u>FAMILY MEMBERS:</u>	<u>DOB:</u>	<u>M/F:</u>
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\$225 FLORENCE RESIDENT FAMILY _____

\$375 NON-RESIDENT FAMILY _____

\$125 FLORENCE RESIDENT SINGLE _____

\$200 NON-RESIDENT SINGLE _____

\$175 FLORENCE PARENT/CHILD FAMILY _____

\$325 NON-RESIDENT PARENT/CHILD FAMILY _____

\$100 FLORENCE JUNIOR (13-18 YRS.) _____

\$175 NON-RESIDENT JUNIOR _____

\$ 75 FLORENCE RESIDENT SENIOR _____

\$110 NON-RESIDENT SENIOR _____

NAME OF FLORENCE BUSINESS: _____

\$300 FLORENCE BUSINESS FAMILY _____

\$250 FLORENCE PARENT/CHILD FAMILY _____

\$165 FLORENCE BUSINESS SINGLE _____

I, for myself and/or as parent or guardian on behalf of the family members listed above who are minors, in consideration of permission granted to me and such minors by the City of Florence, Kentucky, AGREE at my/our own risk, to participate in the use of the City of Florence's Family Aquatic Center, recognizing that such participation involves the risk of physical injury. I further AGREE to be responsible for payment of all medical expenses incurred by myself and/or on behalf of such minors resulting from that use and hereby RELEASE and discharge the City of Florence, Kentucky, its elected officials, agents, officers and employees from any and all claims, demands, actions, judgments and executions which the undersigned, or such minors, ever had or now has or may have by which the undersigned, such minors, or my/their heirs, executors, administrators or assigns may have, or claim to have, against the City of Florence, Kentucky, its elected officials, agents, officers and employees for all personal injuries, known or unknown, and injuries to property, caused by or arising out of participation and use by myself or such minors of the Family Aquatic Center.

I have read this Release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature _____ Date _____

OFFICE USE: Payment: Cash Amt. _____ Check# _____ Amt. _____ Date _____

Credit Card: MC _____ VISA _____ AE _____ DISC _____ Card # _____

Exp. Date _____ CVV Code _____ Signature _____

